

**State of Nevada**  
**Transportation Services Authority**

**Request to Withdraw Application**

In the matter of the application of \_\_\_\_\_  
\_\_\_\_\_ for a Certificate of Public Convenience  
and Necessity.

The above named Applicant would like to withdraw their application, filed with the  
Transportation Services Authority, under docket number \_\_\_\_\_.

I understand that if I decide to apply for the authority requested in this application at a  
future date, a new application will have to be filed along with applicable filing fees.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Address  
  
\_\_\_\_\_  
  
\_\_\_\_\_

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Fax number

Please complete both pages of this Request and mail or deliver to:

Transportation Services Authority  
2290 South Jones Boulevard  
Suite 110  
Las Vegas, NV 89146

There is no filing fee for Request to Withdraw Application, however, you forfeit any  
estimated publishing costs you paid at the time of application that has been spent  
publishing your application.

Revised 10/18/02

## OATH

STATE OF \_\_\_\_\_ )

)

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, state that he or she files this Request to Withdraw Application as (indicate relationship to applicant, i.e.: owner, title as officer, etc.) \_\_\_\_\_; that, in such capacity, he is qualified and authorized to file and verify such a Request; that he or she has carefully examined all the statements and matters contained in the Request; and that all such statements made and matters set forth therein are true and correct to the best of his knowledge, information, and belief. Affiant further states that the Request is made in good faith, with the intention of presenting evidence in support thereof in every particular, if requested by the Transportation Services Authority.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Attorney, if any

Mailing address of applicant:

Mailing address of attorney:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_